

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable From (CRF)?:: No

Number of Copies of CRF::

Title:: IMMUNOTHERAPY WITH *IN VITRO*-SELECTED
ANTIGEN-SPECIFIC LYMPHOCYTES AFTER
NONMYELOABLATIVE LYMPHODEPLETING
CHEMOTHERAPY

Attorney Docket Number:: 233876

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

10/526697

DT01 Rec'd PCT/PTC 03 MAR 2005

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: E
Family Name:: DUDLEY
Name Suffix::
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State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 6011 Cody Drive

City of mailing address:: Silver Spring
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20902
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
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Given Name:: Steven
Middle Name:: A
Family Name:: ROSENBERG
Name Suffix::
City of Residence:: Potomac
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 10104 Iron Gate Road

City of mailing address:: Potomac
State or Province of mailing address:: MD
Country of mailing address:: US

Postal or Zip Code of mailing address:: 20854
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: R
Family Name:: WUNDERLICH
Name Suffix::
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CORRESPONDENCE INFORMATION

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REPRESENTATIVE INFORMATION

Representative Customer Number 1:: 45733
Representative Designation:: Registration Number:: Representative Name::

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DOMESTIC PRIORITY INFORMATION

| | | | |
|-------------------|----------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | National Stage of | PCT/US2003/027873 | 09/05/03 |
| PCT/US2003/027873 | An application | 60/408,681 | 09/06/02 |
| | claiming the benefit | | |
| | under 35 USC | | |
| | 119(e) of | | |

FOREIGN APPLICATION INFORMATION

| | | | |
|-----------|----------------------|---------------|------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed |
|-----------|----------------------|---------------|------------------|

ASSIGNEE INFORMATION

| | |
|-----------------------------|--|
| Assignee name:: | Government of the United States of America, represented by the Secretary, Department of Health and Human Services |
| Street of mailing address:: | Office of Technology Transfer 6011 Executive Boulevard, Suite 325 |
| City of mailing address:: | Rockville |

10/526697

DT01 Rec'd PGT/PTC 03 MAR 2005

State or Province of
mailing address:: MD

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 20852